

## CLAIMS ONLY

Application Number

0918799217

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1	/					
2	/					
3	/					
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49						
50						
Total Indep	4					
Total Depend	23					
Total Claims	27					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						